

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 28, 2004
Secretary of State**

DOCUMENT# N99000006777

Entity Name: DYING TO LIVE AGAIN FOUNDATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

4542 SEA GRAPE DRIVE
LAUDERDALE BY THE SEA, FL 33308

Current Mailing Address:

New Mailing Address:

4542 SEA GRAPE DRIVE
LAUDERDALE BY THE SEA, FL 33308

FEI Number: 65-0967227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRAZIER, SARAH L
4542 SEA GRAPE DR.
LAUDERDALE BY THE SEA, FL 33308

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALDWIN, STEVEN J
Address: 4542 SEA GRAPE DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: BRAZIER, SARAH L
Address: 4542 SEA GRAPE DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: LUTHER, ANNIE
Address: 4542 SEA GRAPE DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH BRAZIER

MS.

09/28/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date